

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Yale University

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 175 Whitney Ave., P.O. Box 208276, New Haven, CT 06520-8276

Name of Agent Designated to Receive
Notification of Claimed Infringement: Daniel Updegrove

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

175 Whitney Ave., P.O. Box 208276
New Haven, CT 06520-8276

Telephone Number of Designated Agent: (203) 432-3262

Facsimile Number of Designated Agent: (203) 432-3330

Email Address of Designated Agent: Daniel.Updegrove@Yale.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: _____

Typed or Printed Name and Title: Daniel Updegrove
University Director, ITS

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.

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